

341 Market.

Paper Mont 1828

An

Inaugural essay
on

Acute Peritonitis

For the degree of Doctor of medicine
in the

University of Pennsylvania

by

Reading S. Long

of

North Carolina

February 10th 1828

Port
in my
This
acute
best
spontaneous
divine
in the
short
period
indefinite
other
the
small
cultured
manner
cannot
is a
abdomen
place

Peritonitis is, as its name indicates, an inflammation of the Peritoneum.

This inflammation may be divided into acute and chronic forms. It is the Acute Peritonitis of which I propose to treat symptoms. - It comes on with chills and shivering which are attended with pain in the back and loins, and are in a short time followed by fever. The period of the cold stage is exceedingly indefinite, sometimes terminating soon, at other times not until a day or two.

The surface cold and collapsed, the pulse small, quick, and chorded and well calculated to deceive. But from the commencement, there are symptoms which cannot fail to awaken suspicion. There is a sense of heat and pain in the abdomen; sometimes confined to one place, though more commonly diffused;

London.
 By ~~the~~
 united
 part of
 Even a
 complac
 the ton
 of the
 something
 and the
 immense
 hours, o
 tendere
 increas
 clothes
 The pu
 hats f
 minute
 and a
 tensions

extending itself over the whole.
By pressure the pain is generally augmented and a tenderness exists in every part of the abdominal parietes. Even at this early period the patient complains of thirst and dryness of the tongue and fauces. At this stage of the disease there are nausea and vomiting and constipated bowels. These are the ordinary symptoms at the commencement of ^{an} attack: But, in 12 or 24 hours, or even at a shorter time, the tenderness of the abdomen is so much increased, that the pressure of the bed clothes can hardly be borne by the patient. The pulse has a contracted feel and beats from 100 to 120 or 130 times in a minute. The tongue becomes incrusted, and a considerable augmentation of the tension and swelling of the belly is

apparent.
 patient
 look in
 the road
 the saig
 on the
 in sales
 afforded
 tons of
 intending
 utmost
 all the
 temperature
 at this
 for the
 suddenly
 not con
 asphyxia
 procurer
 the say

apparent. Examined at this stage the patient will be found lying on his back with his knees drawn up.

The reason is obvious. By this posture the weight of the intestines is thrown on the back, and the abdominal muscles are relaxed by which much relief is afforded: and one of the first symptoms of approaching convalescence, is the extending by the patient, his lower extremities. As the disease advances all the symptoms increase, especially the ~~temperature~~ tumefaction of the abdomen.

At this stage it is not uncommon, for the pain which before was excessive suddenly to cease. But we should not construe this circumstance into an auspicious omen. It is always the precursor of death. When, on the contrary, the symptoms subside gradually it is

a pro
a cure
with
there is
much
tea, and
a rather
guttus
stomach
break
and
and
inspirat
These
But
to re
gangre
of in
diced
color

a proof that our remedies are effecting
a cure. Contemporaneously, or nearly so,
with this sudden subsidence of pain,
there is great sinking of pulse, so
much so, that it can scarcely be coun-
ted, and a vomiting of dark matter,
or rather an expulsion of it by sin-
gultus or a spasmodic action of the
stomach. Cold clammy sweats now
break out; the extremities are cold
and withered; the countenance collapsed
and haggard; difficult and laborious
respiration mark the closing scene of life.
These are the ordinary symptoms. -
But the disease has been known
to run its course, terminating in
gangrene, without any of the symptoms
of inflammation. This disease is pro-
duced by varieties of temperature, as
cold succeeding to heat, by infiltration

of for
any
Diagnosis
of disease
from
In
go to
mitiga
most
patient
his
more
purges
In
presen
belly
sides
ment
tations
of

of fluids into the peritoneal coat, blood,
or any violence done to the abdomen.

Diagnosis. Generally it requires much nicety
of discrimination to distinguish this disease
from other inflammations of the abdomen.

In peritonitis there is no inclination ^{or} to
go to stool, and not the slightest
mitigation of the symptoms by the
most copious alvine evacuations. The
patient generally lies on his back with
his feet drawn up: the pain also is
more steady than in Colic, and more
pungent and lancinating, than in Enteritis.

In Colic the pain is mitigated by
pressure and the patient lies on his
belly. When the pain gradually sub-
sides, and there is a gradual abate-
ment in the violence of ~~all~~ the sym-
ptoms, the prognosis is favourable. One
of the most favourable, is the patient

of fluids and the inflammation of the
as any evidence from the laboratory
Diagnosis generally is required much more
of examination to distinguish the cause
from other inflammation of the stomach
the history of the case is an indication to
go to work; and in the diagnosis
distinction of the symptoms by the
and various other conditions. The
history generally is an indication to
the first cause of the pain. The
more study than in other conditions
important and interesting than in others
to take the form is important for
history and the future in the
help to the form generally is
and there is a general state
ment in the course of the disease
states. The prognosis is favorable in
of the most favorable, is the history

being
stomach, or
in the
suddenly
and fl
bloody
minds u
that g
death u
Dyspepsia
inflam
achoo
able
gangren
alteratio
case, r
inhalant
treatment
disease
lowest

Being able to extend his lower extremities, and never favourable unless gradual. On the contrary, should the pain suddenly cease, the pulse become weak and fluttering, the skin cold and clammy, the countenance haggard, the mind wandering, we may conclude that gangrene has taken place, and death will probably be the result. —

Dissection presents the phenomena of inflammation and its consequences, extravasations, effusions of serum, coagulable lymph, and finally pus.

Gangrene is also common, though ulceration never takes place in recent cases, the pus is secreted by the exhalant vessels of the membrane. —

Treatment. — In the early stage of the disease it would be proper to urge the lancet as far as possible, consistently

with 1
of the
generally
is of
proportion
so it
concise
nation
not 4,
Hoping
should
blinding
time of
operation
course
taken
in the
person
nation
life

with the strength and other circumstances
of the patient. The pulse should not
generally be taken as a guide, as it
is often depressed and feeble in direct
proportion to the violence of the attack:
so it arises as we deplete with the
lancet. There is a case of inflam-
mation rapid in its progress, and if
not speedily arrested, inevitably fatal.
Having this circumstance in view, we
should take 25 or 30℥ of blood at the
bleeding, and should this not be produc-
tive of relief, we should repeat the
operation to the same extent in the
course of the day. Dr Chapman has
taken from 60 to 70 ounces of blood
in the course of the ~~fever~~ from a
person labouring under Peritonial inflam-
mation and he does not believe that
life would have answered.

But will either inflammation increase much if we cannot prevent it when it does arise by taking care and are sometimes if a the process takes

But simple depletion by the lancet will not entirely effect a cure. - Either from the peculiarity of the inflammation, or from the seat of the disease being in the capillaries of the membrane general bleeding fails. - It keeps the disease under, though it cannot intercept or completely cure it. When it is found that the lancet does not eradicate the complaint it will be advisable to use topical bleeding by leeches or cups to the abdomen, taking away as much blood as can be detracted by this means. Blisters are useful auxiliaries when properly timed. They are always mischievous if applied in the commencement of the disease. They should be uniformly preceded by the use of warm fomentations to the abdomen, and a good

The first thing I noticed when I stepped
out of the car was a cool breeze.
It felt like a warm blanket after a long
journey. The sun was shining brightly,
and the air was fresh. I took a deep
breath and felt a sense of peace.
The road ahead was long and winding,
but I knew I was on the right path.
The scenery was beautiful, with rolling
hills and a clear blue sky. I felt
like I was in a new world, one
where everything was possible. I
was excited to see what the future
held for me. The journey was
just beginning, and I was ready for
whatever came my way.

scale
in w
is for
not
insure
in a
fall,
the c
out of
very
tens, a
posed
The
solub
locate
When
a r
mils
large
tations

deal of direct depletion. The best mode in which the former can be effected is by bread and milk poultices laid over the whole abdomen, or, what answers very well, common muslin plaister in a bag, which should be moderately full, so that it may adapt itself to the contour of the belly. Cloths wrung out of hot water and applied are very good. In place of warm fomentations, cold applications have been proposed but are not very serviceable. - The bowels should be kept in a salubrious condition, either by mild laxatives or by the use of enemas. When the latter articles are employed they should be composed of mild ingredients, and administered in large quantities, so as to act as fomentations to the intestines. Depletion

having
to ca
after
inflam
act
to the
blood
poison
the
prospic
in P
bath
The
prom
was
stone
Damon
arrest
Camb
dand

having failed, the next measure is to excite copious perspiration. This often operates as a charm in peritoneal inflammation. Diaphoretics in this case, act by giving a centrifugal direction to the circulation, thereby drawing off blood from the capillaries of the peritoneum, and to determine it to the surface of the body. To induce perspiration, we should confide most in the external means. The vapour bath, is superior to all others. - The operation of this should be promoted or assisted by the internal use of diaphoretics of which Opium stands first. The best, is perhaps Dover's powder. The disease not being arrested, we have the sinking condition. Combinations of Opium and Colomet have done much good; but the spirits of

serpentine much more. It is a disease of great danger. In most cases it is well marked from the beginning; but sometimes irregularities occur, which are apt to mislead the practitioner and direct him from the use of those remedies by which it should always be managed. Now and then in the earliest stage, there is so great prostration, and the pulse so feeble, as to induce an apprehension that the patient is too debilitated to admit of direct depletion. This is generally considered a case of depression or in other words, the disease is locked up in the system. But the vital system is so depressed by the overwhelming force of the disease, that there is danger of the system not reacting; and if blood be drawn away to any

extent
 not
 of
 to
 and
 bath
 tea
 After
 develop
 and
 resort
 the
 At
 case
 first
 of
 a
 or
 differ
 being

extent, it would do harm if not destroy the patient. In cases of this nature, we must endeavour to rouse the energy of the system; and for this purpose the warm bath, diaphoretics and small and repeated bleedings should be performed.

After a while the case becomes more developed, and then with perfect safety and even great advantage, we may resort to the more copious use of the lancet and its auxiliaries.

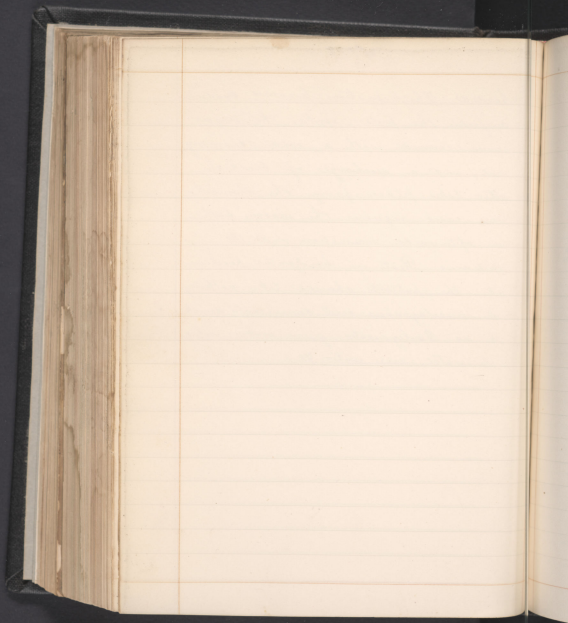
It sometimes happens that the disease is sufficiently marked in the first stage to awaken us to a sense of its danger. It comes on with a slight tenderness of abdomen, little or no fever, and a pulse not very different from its natural condition, being rather quicker and very slightly

cho
depr
beco
swa
matl
Hess
sna
aux
Diet
but
such
toget

chorded. The system becomes suddenly depressed, the pulse sinks, the surface becomes covered with a cold clammy sweat, and a discharge of blackish matter takes place from the stomach. These cases require the warm bath, and afterwards venesection and its auxiliaries. Rest in horizontal position.

Diet. The patient should take nothing but mucilaginous and demulcent drinks such as Barley water, gum arabic water, toast water, rice water &c.





Charles Augustus Gray

on Paper Nov. 5, 1871

Pneumonia Pulmonum

For the degree of Doctor of Medicine

by

John L. Boney

of

Maryland.

